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| State of VIRGINIA | | | | | | |
|-------------------|----------|---------|---------------|----------|--|--|
| | | COVERAG | E AND CONDI | TIONS | OF ELIGIBILITY | |
| Agency* | Citation | | | G | Groups Covered | |
| | | В. | Optional Grou | ups Othe | er Than the Medically Needy (Continued) | |
| IV-A | | | | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan. | |
| IV-A | | | | (6) | Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A. | |

| * Agency that determines eligibility for coverage. | | | | | | | | | |
|--|-------|---------------|----------|----------------|----------|--|--|--|--|
| TN No. | 93-04 | Approval Date | 01-03-94 | Effective Date | 06-16-93 | | | | |
| Supersede | S | | | | | | | | |
| TN No. | | | | HCFA ID: | 7983E | | | | |
| | | | | | | | | | |

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| State of | VIRGINIA | | | | | |
|----------|---|-------|-------|--|---|--|
| | СО | VERAG | E AND | CONDIT | ONS OF ELIGIBILITY | |
| Agency' | * Citation | | | | Groups Covered | |
| | | В. | Optio | nal Group | s Other Than the Medically | Needy (Continued) |
| IV-A | 1902(a)(10)(A)(ii) (VIII) of the Act | X | 8. | assistar Act), v cannot because | I for whom there is in effice agreement (other than ur ho, as determined by the Stope placed for adoption without the child has special care stative care, and who beforent | der title IV-E of the ate adoption agency, ut medical assistance needs for medical or |
| | | | | a. | Was eligible for Medicai approved Medicaid plan; or | d under the State's |
| | | | | b. | Would have been eligible standards and methodologi foster care program were ap AFDC standards and method | es of the title IV-E |
| | | | | The Sta | te cover individuals under th | e age of |
| | | | | | ≥ 21 □ 20 □ |] 19 |

| * Agenc | y that determines eligibili | ity for coverage. | | | _ |
|-----------|-----------------------------|-------------------|----------|----------------|----------|
| TN No. | 93-04 | Approval Date | 01-03-94 | Effective Date | 06-16-93 |
| Supersede | S | | | • | |
| TN No. | 88-07 | | | HCFA ID: | 7983E |

Revision: HCFA-PM-91-4 August, 1991

PM-91-4 (BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State | - C | 3 7 | n | \sim 1 | DA H | A 1 |
|-------|----------|-----|-----|----------|------|-----|
| State | α | v | I K | t i | | A |

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency | * Citation | | | | Groups Covered |
|--------|---|----|-------------|------------|---|
| | | В. | <u>Op</u> 1 | tional Gro | oups Other Than the Medically Needy (Continued) |
| IV-A | 42 CFR 435.223 | | 9. | under t | uals who would be eligible for AFDC if coverage the State's AFDC plan were as broad as allowed itle IV-A: |
| | 1902(a)(10)(A)(ii) and 1905(a) of the Act | | | | Individuals under the age of |
| | 7101 | | | | □ 21 □ 20 □ 19 □ 18 |
| | | | | | Caretaker relatives |
| | | | | | Pregnant women |

* Agency that determines eligibility for coverage.

| TN No. 93-0 | 04 Approval Date 01-03-94 | Effective Date | 06-16-93 |
|-------------|---------------------------|----------------|----------|
| Supersedes | | | |
| TN No. | | HCFA ID: | 7983E |

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| State of VIRGINIA | | | | | |
|-------------------|----------------|--------|-------|--------------------------|---|
| | CC | OVERAG | E AND | CONDI | ITIONS OF ELIGIBILITY |
| Agency* | Citation | | | | Groups Covered |
| | | В. | Optic | onal Grou | oups Other Than the Medically Needy (Continued) |
| IV-A | 42 CFR 435.230 | | 10. | | es using SSI criteria with agreements under §§1616 |
| | | | | State under progra | following groups of individuals who receive only a supplementary payment (but no SSI payment ran approved optional State supplementary payment ram that meets the following conditions. The lement is |
| | | | | a. | Based on need and paid in cash on a regular basis. |
| | | | | b. | Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. |
| | | | | c. | Available to all individuals in the State. |
| | | | | d. | Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. |
| | | | | | (1) All aged individuals. |
| | | | | | (2) All blind individuals. |
| | | | | | (3) All disabled individuals. |

| * Agenc | y that determine | nes eligibility for coverage. | | |
|-----------|------------------|-------------------------------|------------------|---------|
| TN No. | 93-04 | Approval Date 01-03-94 | Effective Date 0 | 6-16-93 |
| Supersede | S | | | |
| TN No. | 87-01 | | HCFA ID: | 7983E |

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| State of VIRGINIA | | | | | | | | |
|-------------------|--|--------------|----------|---|--|--|--|--|
| CC | COVERAGE AND CONDITIONS OF ELIGIBILITY | | | | | | | |
| Agency* Citation | | | G | Groups Covered | | | | |
| | В. | Optional Gro | ups Othe | er Than the Medically Needy (Continued) | | | | |
| IV-A | | | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. | | | | |
| 42 CFR 435.230 | | | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. | | | | |
| | | | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. | | | | |
| | | | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. | | | | |
| | | | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. | | | | |
| | | | (9) | Individuals in additional classifications approved by the Secretary as follows: | | | | |

| * Agenc | y that detern | nines eligibility for coverage. | | |
|------------|---------------|---------------------------------|-------------------|----------|
| TN No. | 93-04 | Approval Date 01-03- | 94 Effective Date | 06-16-93 |
| Supersedes | 3 | | | |
| TN No. | | | HCFA ID: | 7983E |

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| State of VII | State of VIRGINIA | | | | | | |
|--------------|--|----|---|--|--|--|--|
| | COVERAGE AND CONDITIONS OF ELIGIBILITY | | | | | | |
| Agency* | Citation | | Groups Covered | | | | |
| IV-A | | B. | Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes. No. The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A. | | | | |

| • | A | 41 | 1 - 4 | 11 11 1114 | C | |
|---|----------|------|------------|-------------|--------------|--|
| ₹ | Agency | tnat | determines | eligibility | for coverage | |

| TN No. | 93-04 | Approval Date 01-03-94 | Effective Date | 06-16-93 |
|------------|-------|------------------------|----------------|----------|
| Supersedes | 3 | | _ | |
| TN No. | | | HCFA ID: | 7983E |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| C | C | 1 7 | n | \sim | D 11 | |
|-------|---------|-----|-----|--------|------|----|
| State | o_{1} | v | I K | l H | | lΑ |

COVERAGE AND CONDITIONS OF ELIGIBILITY

| Agency | * Citation | | Groups Covered | | | | |
|--------|---|----|----------------|------------------|--------------------|--|--|
| | | В. | <u>Optio</u> | nal Grou | ıps Oth | er Than the Medically Needy (Continued) | |
| IV-A | 42 CFR 435.121, 435.230 1902(a)(10)(A)(ii) (IX) of the Act | X | 11. | - | | ates and SSI Criteria States without nder §§1616 and 1634 of the Act | |
| | | | | supple supple | ementar ementar | g groups of individuals who receive a State y payment under an approved optional State y payment program that meets the iditions. The supplement is | |
| | | | | a. | Based basis. | on need and paid in cash on a regular | |
| | | | | b. | count | to the difference between the individual's able income and the income standard used ermine eligibility for the supplement. | |
| | | | | c. | | able to all individuals in each classification vailable on a Statewide basis. | |
| | | | | d. | | to one or more of the classifications of duals listed below: | |
| | | | | | (1) | All aged individuals. | |
| | | | | | (2) | All blind individuals. | |
| | | | | | (3) | All disabled individuals. | |

* Agency that determines eligibility for coverage.

| TN No. 93-04 | Approval Date 01-03-94 | Effective Date 06-16-93 |
|--------------|------------------------|-------------------------|
| Supersedes | | |
| TN No. 87-11 | | HCFA ID: 7983E |

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| State of VIRGINIA | | | | | | | | | | | |
|-------------------|--|----|--------------|-----------------------|---|--|--|--|--|--|--|
| | COVERAGE AND CONDITIONS OF ELIGIBILITY | | | | | | | | | | |
| Agency* | Citation | | | G | roups Covered | | | | | | |
| IV-A | | В. | Optional Gro | ups Othe | er Than the Medically Needy (Continued) | | | | | | |
| | | | ☒ | (4) or ot under | Aged individuals in domiciliary facilities her group living arrangements as defined SSI. | | | | | | |
| | | | × | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. | | | | | | |
| | | | X | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. | | | | | | |
| | | | | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. | | | | | | |
| | | | X | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. | | | | | | |
| | | | | (9) | Individuals in additional classifications approved by the Secretary as follows: | | | | | | |

| * Agency that determines e | eligibility for coverage. | |
|----------------------------|---------------------------|-------------------------|
| TN No. 93-04 | Approval Date 01-03-94 | Effective Date 06-16-93 |
| Supersedes | | |
| TN No | | HCFA ID: 7983E |

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State of VIRGINIA

Agency* Citation

Groups Covered

IV-A

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are

listed in Supplement 6 of ATTACHMENT 2.6-A.

| * Agen | cy that determines | eligibility for coverage. | | |
|----------|--------------------|---------------------------|----------------|----------|
| TN No. | 93-04 | Approval Date 01-03-94 | Effective Date | 06-16-93 |
| Supersed | es | | | |
| TN No. | | | HCFA ID: | 7983E |

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| State of | VIRGINIA |
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| | COV | /ERAGI | E AND | CONDIT | TIONS (| OF ELIGIBILITY | |
|---------|--|--------|----------|---|---|--|--|
| Agency* | Citation | | <u> </u> | | Gı | roups Covered | |
| | | В. | Optio | nal Grou | ps Othe | r Than the Medically Needy (Continued) | |
| IV-A | 42 CFR 435.231 1902(a)(10)(A)(ii)(V) of the Act | X | 12. | Individuals who are in institutions for at least consecutive days and who are eligible under a specificome level. Eligibility begins on the first day of the day period. These individuals meet the income stand specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> . | | | |
| | | | | X | State covers all individuals as described | | |
| | | | | | | state covers only the following group or s of individuals: | |
| | 1902(a)(10)(A)(ii) and 1905(a) of the | | | | | Aged | |
| | Act | | | | | Blind | |
| | | | | | | Disabled | |
| | | | | | | Individuals under the age of | |
| | | | | | | □ 21 □ 20 □ 19 □ 18 | |
| | | | | | | Caretaker relatives | |
| | | | | | | Pregnant women | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| * / | Agency | that d | letermines | eligibi | lity : | for | coverage. |
|-----|--------|--------|------------|---------|--------|-----|-----------|
|-----|--------|--------|------------|---------|--------|-----|-----------|

| TN No. | 93-04 | Approval Date | 01-03-94 | Effective Date | 06-16-93 |
|------------|-------------|---------------|----------|----------------|----------|
| Supersedes | | | | _ | |
| TN No. | 89-01 | | | HCFA ID: | 7983E |